



APPLICATION FOR ADMISSION

APPLICATION DUE ON OR BEFORE JANUARY 31, 2012

Optional:
attach
photo of
applicant
here

Applicant's Full Name - First Middle Last Name by which student is called
Male Female

Preferred Home Address for Applicant

City State Zip Phone

Birth Date Age Grade to Enter 2012-2013 U.S. Citizen?

Optional: For accurate record keeping and to help us know and support our school community, please complete the following information.

Student's racial/ethnic background:

- | | | |
|--------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Latino/Hispanic American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Middle Eastern American | <input type="checkbox"/> Pacific Islander American |
| <input type="checkbox"/> European American | <input type="checkbox"/> Multiracial American (please specify) | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> International (specify) _____ | _____ | _____ |

Present School School Address/Phone

Father / Mother / Guardian	Father / Mother / Guardian
Full Name (Parent / Guardian) (please circle)	Full Name (Parent / Guardian) (please circle)
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Widowed
College(s) Attended U.S. Citizen?	College(s) Attended U.S. Citizen?
Home Address/if different from above Phone	Home Address/if different from above Phone
City State Zip	City State Zip
Occupation and Title	Occupation and Title
Name of Employer	Name of Employer
Full Business Address	Full Business Address
Work phone Cell phone	Work phone Cell phone
Email Address (work or home?)	Email Address (work or home?)
Please provide information about other adults involved in parenting who should receive admissions material.	Please provide information about other adults involved in parenting who should receive admissions material.
Full Name Relationship to Student	Full Name Relationship to Student
Home Address Phone	Home Address Phone
Name of Employer Occupation Title	Name of Employer Occupation Title
Names, birthdates and current schools of siblings: _____	Relatives who previously attended The Blake School / Northrop/ Blake / Highcroft: (include relationship to student)
	Would you like to receive need-based financial aid application materials? Y/N

To enable us to know you and your child better, please complete each of the following questions.

What are your educational goals for your child? How do you see The Blake School facilitating those goals? _____

What are your child's interests (arts, athletics, hobbies) or special talents? _____

Describe your child's social/emotional development and behavior at home and at school. _____

Describe your child's academic performance in the present school. _____

The Blake School embraces diversity and pluralism in the broadest sense, taking into account differences in gender, culture, religion and heritage. How does this School value resonate with your family values, and how would you and your child support the School's commitment to diversity and pluralism? _____

We do not want to repeat testing unnecessarily. If your child has completed psychological/ability testing in the past year, please describe and provide copies of the evaluation results. (This would include tests such as WISC, WPPSI, ERB, PSAT or SAT.) _____

Are you aware of any areas in which we might be able to give special help and encouragement to your child? Is your child receiving special services in the current school? _____

Please describe any special circumstances (especially any allergies or medical restrictions) that should be taken into consideration in planning your child's admissions visits and /or school program. _____

How did you hear about Blake? _____

Please list your Public School District: _____

Signature of Parent or Guardian

Date

APPLICATION FEE: \$75 WHEN POSTMARKED BY DECEMBER 1, 2011; \$100 AFTER DECEMBER 1, 2011.
PLEASE ENCLOSE APPLICATION FEE AND RETURN THIS FORM TO THE ADMISSIONS OFFICE.
110 South Blake Road, Hopkins, MN 55343 —TELEPHONE 952-988-3420.
For reduced fee options, please contact the Director of Financial Aid. 952-988-3424



Permission to Release School Records to
The Blake School

Admissions Office
110 South Blake Road
Hopkins, MN, 55343
952-988-3420

**THIS FORM SHOULD BE MAILED OR DELIVERED
TO THE OFFICE AT THE STUDENT'S PRESENT SCHOOL**

Student's Name

Grade

I grant permission to the proper authorities at _____ School to release a copy of the following parts of my child's record to the Admissions Office of The Blake School:

Copy of Report Cards - include past two years report cards/transcripts **including current year's first semester grades**

Official Administrative Record - name, address, birthdate, grade level completed, class standing, attendance record

Disciplinary Records – All records of behavior. All records relating to withdrawal and/or dismissal.

Standardized Achievement Test Scores

Intelligence and Aptitude Test Scores

Teacher and/or Counselor Observations and Comments

Family Background Data

Signature of Parent or Guardian

Date

This form should be mailed or delivered to the office at the student's present school.



TEACHER RECOMMENDATION FORM

FOR GRADES 2 THROUGH 5

This form should be given to your child's current teacher.

_____ is a candidate for admission to Grade _____ at The Blake School. The Admissions Committee is in the process of determining the appropriateness of our school program for the above named applicant. Reviewing information from current academic teachers is an important part of our admissions process. **Recommendations are confidential;** they do **not** become part of the student's permanent file, nor are they shared with the student or the student's parents. If you wish to add to this form, please attach a separate letter or call the Admissions Office.

The Blake School is a Pre-K-12 non-sectarian, non-discriminatory, co-educational day school with a college-preparatory emphasis in grades 9-12.

Thank you very much for your help.

NAME OF INDIVIDUAL COMPLETING RECOMMENDATION FORM _____ (Please print)

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

Please rate the candidate in the following areas:

	Outstanding	Very Good	Good	Below Average
Academic Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct/Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receptiveness to Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine-Motor Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Self-Concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over)

Please comment on the applicant's academic strengths:

Please comment on the applicant's academic weaknesses:

Regarding social and emotional development and classroom behavior, how does this child compare to classmates?

Are you aware of any areas in which we might be able to give special help and encouragement to this applicant?

Has the candidate been the subject of disciplinary action? If yes, please explain the circumstances.

Everything considered, how would you describe the applicant:

As a student: (Comments)

As a person: (Comments)

Signature

Date: _____

School Name: _____

School _____

Address: _____

School (City) (State) (Zip Code)

Phone Number: _____

Thank you. We appreciate the time you have spent in completing this form. Please mail the completed form directly to:

Admissions Office

The Blake School

110 South Blake Road, Hopkins, MN, 55343 952-988-3420